

MAR 26 2014



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved  
OMB No. 2040-0004

RECEIVED  
MAR 25 2014

Reason(s) for Submission (Check all that apply):

- ☒ Submitting monitoring data (Fill in all Sections).  
☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, 1, D, and F)  
☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4)  
☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4)  
☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 8.2.1.2 of the MSGP (Fill in Sections A, B and F)

A. Permit Tracking Number: MA0505051 0000 Note: Read Instructions before completing this Form.

B. Facility Information

1. Facility Name WILLIAM F SULLIVAN CO INC

2. Facility Location:

a. Street 107 APPLETON STREET

b. City HOLYOKE

c. State MA d. Zip Code 01040

3. Additional Facility Information (Optional):

Contact Name BRIAN POWELL JR Email

Phone 413 - 539 - 9664 Ext

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: GRAHAM MCREDMOND

Organization: IEC LLC

Email: graham@indenvcoconsultants.com

Phone: 615 - 730 - 5059 Ext

C. Discharge Information

1. Identify monitoring period: ☐ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data.

☐ Quarter 1 (April 1 – June 30) ☐ Quarter 1: From  /  To  /

☒ Quarter 2 (July 1 – September 30) ☐ Quarter 2: From  /  To  /

☐ Quarter 3 (October 1 – December 31) ☐ Quarter 3: From  /  To  /

☐ Quarter 4 (January 1 – March 31) ☐ Quarter 4: From  /  To  /

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☒ Yes (Complete line item 2 a) ☐ No (Skip to Section D)

2a. What is the hardness level of the receiving water? 125 mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? 01 List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☐ YES ☐ NO

2 a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

3 A. Monitored Outfall Name*	3 B. Substantially Identical Outfalls (List name(s) of outfall(s) substantially identical to outfall in 3 A. (if applicable))	3 C. No Discharge?
001	NA	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\*Reference attachment if additional space needed to complete the table



E. Monitoring Information

Note: Make additional copies of this form as necessary.

1. Permit Tracking Number: MAR05DF51

2. Nature of Discharge: ☐ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

2.a. Duration of the rainfall event (hours): 02 2.b. Rainfall amount (inches): 0.2 2.c. Time since previous measurable storm event (days): 07

3 a. Outfall Name	3.b. Monitoring Type (OBM, ELG, S/T, I, O)*	3.c. Parameter	3.d. Quality or Concentration	3 e. Units	3.f. Results Description	3.g. Collection Date	3.h. Exceedance due to natural background pollutant levels	3.i. No further pollutant reductions achievable?
001	QBM	ALUMINUM	1.01	mg/l		7/29/2010	<input type="checkbox"/>	<input type="checkbox"/>
		COPPER	0.27	mg/l		7/29/2010	<input type="checkbox"/>	<input type="checkbox"/>
		IRON	3.06	mg/l		7/29/2010	<input type="checkbox"/>	<input type="checkbox"/>
		LEAD	0.154	mg/l		7/29/2010	<input type="checkbox"/>	<input type="checkbox"/>
		ZINC	0.756	mg/l		7/29/2010	<input type="checkbox"/>	<input type="checkbox"/>
		COD	294	mg/l		7/29/2010	<input type="checkbox"/>	<input type="checkbox"/>
		TSS	125	mg/l		7/29/2010	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) -Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Exceeding parameters concentration and associated Benchmark values: Al - 1.01 mg/l > 0.75 mg/l; Cu - 0.27 mg/l > 0.0156 mg/l; Fe - 3.06 mg/l > 1 mg/l; Pb - 0.154 mg/l > 0.095 mg/l; Zn - 0.756 mg/l > 0.13 mg/l; COD - 294 mg/l > 120 mg/l; TSS - 125 mg/l > 100 mg/l

F. Certification

Brian Powell  
Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[Signature]  
Signature of Principal Executive Officer or Authorized Agent

3/18/14  
Date

Email of Principal Executive Officer or Authorized Agent: brianpowell@sullivanmetals.com